Form PTO-1083

Patent

Case Docket No. 274.43202X00

TBD

In RE application of

S. KODAMA

Group Art Unit: 2171

Serial No.:

10/802,853

Examiner:

For:

DATA WRITE PROTECTION IN A STORAGE AREA NETWORK AND NETWORK ATTACHED STORAGE MIXED ENVIRONMENT

Assistant Comissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

| Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified sta | tement |
|---|--------|
| previously submitted. | • |

A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

No additional fee is required.

The fee has been calculated as shown below:

| | (Col. 1) | | (Col. 2) | (Col. 3) | | |
|---|---|------------|---------------------------------------|------------------|--|--|
| | Claims Remaining After Amendment | Englands . | Highest No. Previously Paid For | Present Extra | | |
| Total | * 35 | Minus | ** 32 | = 3 | | |
| Indep. | ** 4 | Minus | *** 3 | = 1 | | |
| First presentation of Multiple Dependent Claims | | | | | | |

| SMALL ENTITY | | | | |
|--------------|-------------------|----|--|--|
| Rate | Additional Fee | OR | | |
| X 25 | \$ | | | |
| X 100 | \$ | | | |
| X 180 | \$ | | | |
| Total | \$ | OR | | |

OTHER THAN A SMALL ENTITY Addditional Rate Fee \$150.00 X 50 \$200.00 X 200 X 360 \$ Total \$350.00

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write '20' in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write '3' in this space.

The 'Highest Number Previously Paid For" (Total or Independent) is the highest number found from the Number Previously Paid For "(Total or Independent) is the highest number found from the Number of deligner or intends the number of the Number of deligner or intends the Number of the Number of deligner or intends the Number of the Number of deligner or intends the Number of the Number of deligner or intends the Number of Nu

| | the equivalent box in Col. 1 of a prior Amendment or the number of claims originally med. | | | | | |
|-------------|--|---|--|--|--|--|
| | Please charge my Deposit Account No. 50-1417 in the amount of \$ | | | | | |
| \boxtimes | A Credit Card Payment Form in the amount of \$470.00 is attached (including \$130 fee for Petition to Make Special). | | | | | |
| | The Cor | The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417. | | | | |
| | \boxtimes | Any filing fees under 37 CFR 1.16 for the presentation of extra claims. | | | | |
| | \boxtimes | Any patent application processing fees under 37 CFR 1.17. | | | | |
| | \boxtimes | Any Extension of Time fees that are necessary, which are hereby requested if necessary. | | | | |
| | | | | | | |

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Date: December 22, 2005